

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025384

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3567

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1830 Vine St.		d. STREET ADDRESS (If outside, give location) 1229 Garfield	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Philip Carter		4. DATE OF DEATH Month Day Year July 19, 1958	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 21, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milling		11. BIRTHPLACE (City and state or country) Vicksburgh, Miss.	
13a. FATHER'S NAME Philip Carter		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-09-7761	
17. INFORMANT Address William Carter, 1830 Vine Street		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Kansas City, Mo.		20g. COUNTY Jackson	
20h. STATE Missouri		21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave.	
22c. DATE SIGNED 7/19/58		23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial	
23b. DATE 7-31-58		23c. NAME OF CEMETERY OR CREMATORY Highland Cem.	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. STATE Missouri	
24. FUNERAL HOME Bedon, Appleton & Jones, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 7-23-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. M. Tillman

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626929

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Cornelio G. Bal*

Licensed Embalmer No. 4944

P. O. Address K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.